Each year Mississippi spends over $14 million to provide healthcare services to its citizens while over 500,000 Mississippians remain uninsured. With so many North Mississippi workers and families in need of quality healthcare, I am deeply dedicated to passing commonsense legislation that will ensure all Americans have access to quality affordable healthcare services.

Congressman Childers' Health Care Reform Principles

I believe that any successful health care reform will adhere to the following principles:

Cost & Affordability

- Lowering health care costs for hard-working North Mississippians is my number one priority.
- The best way to lower costs is to increase competition in the marketplace.
- Health care reform legislation must be deficit neutral.
- We need to focus on containing costs and eliminating waste, fraud, and abuse within our current health care system.

Access to Care

- Individuals with preexisting conditions must be able to receive affordable, quality health insurance coverage.
- All health insurance plans available under reform legislation must be plans that Members of Congress themselves would be willing to have and pay for.
- Health care reform legislation must exclude taxpayer funding for abortion services.
- Health care reform must exclude coverage for illegal immigrants. Illegal immigrants should not be allowed to buy into the Exchange or receive federal subsidies.

Competition in the Marketplace

- My top priority is lowering costs for hard-working families, and the best way to do this is through competition. I believe a Health Care Exchange will create sufficient competition within the insurance marketplace without a public option. If it does not, then we need to act accordingly to continue to bring down the cost of health insurance premiums.

Other Health Care Legislation:

HR 1343-the Health Centers Renewal Act

I voted for H.R. 1343, the Health Centers Renewal Act of 2007 which reauthorizes funding for the 48-year-old Public Health Service Act. The bill provides funding for Mississippi's 122 community health centers which provide the uninsured or the underinsured affordable medical and preventative care. The bill reauthorizes funding for the program through fiscal 2012, grants liability protection for physicians who volunteer at the centers or travel to provide services in emergencies, and serves 17 million uninsured and underinsured people every year at 6,300 facilities nationwide.

The 21st Century Rural Health Care Act

I also cosponsored the 21rst Century Rural Health Care Act which reauthorizes the National Health Service Corp and Integrated Rural Training Programs in hospitals which provide important incentives for doctors to chose to practice in rural areas.

- The National Health Service Corps provides scholarships and loan repayment awards to doctors and other health providers in exchange for a commitment to provide health care to people living in areas with a shortage of health providers regardless of their ability to pay.

This legislation would reauthorize the NHSC from FY 2008 - FY 2012 at $250 million annually, more than double its recent appropriations.

- 18 of the counties in Mississippi's first district are designated HPSA areas and are eligible for the scholarship and loan repayment programs for healthcare professionals who choose to practice in those counties.
- The bill also would make important corrections to the definition of "Integrated Rural Training Tracks." Medicare compensates many hospitals for graduate medical education (GME) training programs. This amount is capped for all hospitals, with the exception of some urban hospitals and hospitals pursuing a rural training track (RTT).

- In RTT programs, at least part of the first year of training is done at a central, usually urban, site and at least the last two years are based at a rural site. There are more than 30 approved 1-2 programs in the U.S., but each program usually graduates only one or two physicians per year. This type of program uses a hub and spoke model where all residents in the program are based at a central location, but have required rural rotations and experiences that make up a significant portion of the curriculum. This can also be a rural focused non-metropolitan-based program that specifically works to prepare residents for rural practice.

However, CMS never implemented to program.

This legislation would define an IRTT, which would allow for increased Medicare funding for GME programs that produce medical students who will practice in rural areas.

H.R. 6331 Medicare Improvements for Patients and Providers Act of 2008

Recently, both the House and Senate voted to overturn the Presidents veto of H.R. 6331, the *Medicare Improvements for Patients and Providers Act of 2008.* I worked diligently to ensure the passage of this bill to prevent Medicare cuts to our healthcare providers.

The House passed H.R. 6331 in June by an overwhelming bipartisan majority of 355-59.

- This year physicians and many specialists were faced with a scheduled 10.6% cut in their reimbursement rates for Medicare patients. H.R. 6331 provides a Physician fix and

prevents any pay-cut. Instead, the bill provides a payment freeze for 2008, and 1.1 % increase for 2009;

- The bill includes improvements and extension of payments to rural providers;
- The bill also makes beneficiary investments ($4 billion over 5 years; $16.6 billion over ten years) to increase the access and services available through Medicare. The additional funding will increase asset levels to help more beneficiaries qualify for premium assistance and will extend Medicare mental health parity and increased coverage for preventive services;

- The bill provides additional provisions to help local pharmacies provide prescriptions to medicare patients by requiring medicare to reimburse pharmacies promptly
- It ensures that dialysis patients and providers receive adequate coverage,
- It gives improved access to ambulance services in rural areas, maintains incentives and important specialized programs for rural providers to ensure that rural seniors continue to receive complete Medicare services, and creates incentives for e-prescribing
- The bill includes a provision that postpone competitive bidding for durable medical equipment (DME) so that the competitive bidding program can be thoroughly evaluated and local DME providers are not put out of business

The Small Business Health Options Program (SHOP) Act, H.R. 6210:

Of the estimated 47 million uninsured Americans, more than 28 million are small business owners, employees and dependents. They shoulder the disproportionate burden of a broken healthcare system, and they have seen their healthcare premiums skyrocket 129 percent over the last eight years. This is why I cosponsored the SHOP Act.

- Small business owners could join a statewide purchasing pool for health insurance.

- Participants will receive tax credits as an incentive.
- A nationwide purchasing pool will be offered beginning in 2011.
- The bill would amend the Public Health Service Act to require the Secretary of Health and Human Services to designate an office within the Department of Health and Human Services (HHS) to administer a health insurance program for small businesses and self-employed individuals to help businesses purchase health insurance coverage.

- The legislation requires the Administrator of the program to enter into contracts with health insurance companies to provide health insurance coverage under this Act; and

enter into agreements with entities to serve as navigators to provide information about the program and assist in enrollment.

- The bill requires a participating employer to ensure that each eligible employee has an opportunity to enroll in a plan.
- The bill would provide an easy to use comparison of healthcare coverage and rates.

- Finally, the bill amends the tax code to provide tax incentives for small business to provide healthcare. Small business owners who pay at least 60 percent of the premium will receive a tax credit of up to $1,000 for each covered employee ($2,000 for family coverage). The full credit will be available to employers with 10 or fewer employees, and it will be phased down as the size of the employer increases-up to 50 employees maximum. Employers who pay more than 60 percent of the premium will receive a bonus credit. Self-employed individuals will receive a tax credit of $1,800, or $3,600 for family coverage.